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CONFIRMATION NO. 4945

<b>SERIAL NUMBER</b> 10/758,687	<b>FILING OR 371(c) DATE</b> 01/15/2004 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> MED03-12
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**APPLICANTS**  
 Charles D. Lennox, Hudson, NH;

**\*\* CONTINUING DATA \*\*\*\*\*** *yes - Ray*  
 This application is a CIP of 10/330,638 12/27/2002 PAT 7,156,867 which claims benefit of 60/344,986 12/31/2001  
 This application 10/758,687 claims benefit of 60/440,279 01/15/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *Ray*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 04/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NH	<b>SHEETS DRAWING</b> 15	<b>TOTAL CLAIMS</b> 53	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Ray D. Gibson</i> Initials: _____				

**ADDRESS**  
21125

**TITLE**  
Method and apparatus for managing temperature in a patient

<b>FILING FEE RECEIVED</b> 1666	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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